

**COURT APPOINTED ATTORNEY
VOUCHER FOR COMPENSATION & EXPENSES**

STATE OF SOUTH DAKOTA, vs.

☐ DEFENDANT ☐ JUVENILE

DOB: _____

FILE #: _____

TYPE OF ACTION:

STATUS OF CASE:

CHARGES: _____

FELONY ☐ DISMISSED ☐
MISDEMEANOR ☐ PENDING ☐
JUVENILE ☐ ACQUITTED ☐
CHILD ABUSE ☐
CHILD NEGLECT ☐

County of Residence: _____

Address: _____

Parent or Guardian: _____

CLAIM OF: _____

ADDRESS: _____

(NOTE: insert dates of services and time spent in hours and fractional quarter hours)

I Time spent before Committing Magistrate _____ hrs

II Time spent in open Court: (See attached itemization) ☐

(a) Arraignment and Plea: _____ hrs

(b) Trial: _____ hrs

(c) Other (Specify): _____ hrs

III Time spent in Preparation (out of Court): (See attached itemization) ☐

(a) Interviews with Defendant: _____ hrs

(b) Legal Research: _____ hrs

(c) Investigative work: _____ hrs

(1) Interviews with Witnesses named: _____ hrs

(2) Interviews with Officials named: _____ hrs

(3) Other (Specify): _____ hrs

IV Itemized Statement of Travel and Other Expenses: (See attached itemization) ☐

\$ _____

SUMMARY OF CLAIM

Item I _____ hours _____ minutes at \$ _____ an hour = \$ _____

Item II _____ hours _____ minutes at \$ _____ an hour = \$ _____

Item III _____ hours _____ minutes at \$ _____ an hour = \$ _____

Paralegal _____ hours _____ minutes at \$ _____ an hour = \$ _____

Total I, II, III & Paralegal Compensation claimed: \$ _____

Item IV Expenses claimed: \$ _____

TOTAL COMPENSATION & EXPENSES CLAIMED: \$ _____

I DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS IN ALL THINGS TRUE AND CORRECT.

This _____ day of _____, 20____.

COURT APPOINTED ATTORNEY

It is hereby ordered that the above claim is approved in the amount of \$ _____, and the County Treasurer is directed to pay said sum forthwith upon presentation of this order.

Dated this _____ day of _____, 20____.

JUDGE